2011 Healthy IncentivesSM Appeal Request Form



Complete and return this form to Benefits, Payroll and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333. Before submitting this form, you must have first filed an appeal with WebMD at 1-866-584-6813. For your appeal to be considered, Benefits, Payroll and Retirement Operations must receive this form *no later than September 15, 2011.*

| Employee _ | ee Birth date | | | | | | |
|----------------------|--------------------|---------------------------|----------------|-----------------------------|-----------------------|----------------|--|
| Mailing address | | | | Apt | | | |
| City | | | | State | ZIP | | |
| Work phone | · | | Hor | me/cell phone | | | |
| Who is the a | appeal for, and w | hat is that person's rela | ationship to y | you, the employee | (self/spouse/domest | c partner)? | |
| Name Rela | | | | Relationship | onship | | |
| Date appeal | l was submitted to | o WebMD | | | | | |
| Reason for | denial by WebM[|) (attach additional info | ormation as i | necessary) | | | |
| | | | | | | | |
| | | | | | | | |
| Reason for | appeal to Benefit | s, Payroll and Retireme | ent Operatio | ns <i>(attach addition</i> | al information as neo | ressary) | |
| | | | | | | | |
| English at almost me | | | | | Data | | |
| Employee signature | | | | | | | |
| For Office I | | | | | | | |
| Reason for | approval/denial _ | | | | | | |
| Appeal appr | oved/denied by (| (print name) | | | | | |
| Signature | | | | | Date | | |
| Appeal over | ride entered into | PeopleSoft by (print na | ame) | | | | |
| Signature | | | | | Date | | |
| | Date received | Received by | | Appeal approved Yes □ No □ | PeopleSoft ID | Date effective | |
| | Letter sent | Recorded | | Position | - | Union | |